

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10097

Registration District No. 50 Primary Registration District No. 3004 Registrar's No. 31

1. PLACE OF DEATH:

(a) County BATES -
(b) City or town BUTLER MO -
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
503 West Ohio St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether
In this community
years, months or days) 111

3. (a) PRINT FULL NAME ELLA CATHERINE CLARKE

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife EDWARD CLARKE 6. (c) Age of husband or wife if alive 20 years

7. Birth date of deceased JULY 1 - 1866
(Month) (Day) (Year)

8. AGE: Years 73 Months 8 Days 0 If less than one day
hr. min.

9. Birthplace SWEEDEN (City, town, or county) (State or foreign country) 7

10. Usual occupation Housewife

11. Industry or business

12. Name JOHN ERIC 7

13. Birthplace SWEEDEN (City, town, or county) (State or foreign country)

14. Maiden name AUGUSTA FAUST

15. Birthplace SWEEDEN (City, town, or county) (State or foreign country)

16. (a) Informant Edna A. Dwyer

(b) Address BUTLER MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR 3-40
(Month) (Day) (Year)

(c) Place: burial or cremation DAK HILLS

18. (a) Signature of funeral director BOOTH FUNERAL HOME

(b) Address BUTLER MO 53

19. (a) March 2 1940 (Date received local registrar) (b) Mina L. Culver (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County BATES
(c) City or town BUTLER MO
(If outside city or town limits, write "RURAL")
(d) Street No. West Ohio St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 60 yrs. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR day 1
year 1940 hour 8 minute 30 PM.

21. I hereby certify that I attended the deceased from 1936
19 to March 1 - 1940

that I last saw h alive on 19
and that death occurred on the date and hour stated above.

Immediate cause of death Duration

Central pneumonia

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) (e) Means of injury

23. Signature (M. D. or other)
Address Butler mo Date signed 3-2-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7,

District File Number 4-40-678

Date Filed 4-12-40

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

working under my personal supervision.

myself

Registered Apprentice No.

Signed

John G. Hubbard

Licensed Embalmer No. 3585

P. O. Address *Butler, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.